



Susan Bysiewicz
SECRETARY OF THE STATE
CONNECTICUT

INTERN APPLICATION FORM

Date: _____

Name: _____

School: _____

Address: _____

Telephone: () _____ Fax: () _____ Email: _____

☐ Undergraduate

☐ Graduate

For Credit? ☐ Yes ☐ No

Dates available for internship: _____ through _____. Please note days and hours available: _____.

Faculty Advisor: _____

Address: _____

Telephone: () _____ Fax: () _____ Email: _____

✓ Please provide a copy of any requirements your school's program has of this office to insure you receive the proper credit or certification for your work at the office of the Secretary of the State.

✓ Please attach a cover letter including a brief description of your objective for interning with the Secretary of the State. Please attach a copy of your resume.

Emergency Contact Information

Name: _____

Address: _____

Telephone: () _____